

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
02-001

2. STATE
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN x ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.167 (a) (3) FEB 20 2002

7. FEDERAL BUDGET IMPACT:

a. FFY \$ 0
b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A Page 10

Attached sheet to ATTACHMENT 3.1A Page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ATTACHMENT 3.1-A Page 10

Attached sheet to ATTACHMENT 3.1A Pg 10

10. SUBJECT OF AMENDMENT:

To allow PCA services outside the recipient's home

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

x ☒ OTHER, AS SPECIFIED:
Does not wish to comment

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Bob Labbe

13. TYPED NAME:

Bob Labbe

14. TITLE:

Director

15. DATE SUBMITTED:

February 7, 2002

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **FEB 20 2002**

18. DATE APPROVED: **MAR 13 2002**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 2 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

JSI

21. TYPED NAME:

Bunnie Butterfield

22. TITLE: **ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID**

23. REMARKS:

2/7 *Jensen*
(CITY/STATE)

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Cont.)

- c. Care and services provided in Christian Science sanatoria.

Provided with ☐ No limitations
☐ Limitations*
Not provided ☒

- d. Nursing facility services for patients under 21 years of age.

Provided with ☐ No limitations
☒ Limitations*
Not provided ☐

- e. Emergency hospital services.

Provided with ☐ No limitations
☐ Limitations*
Not provided ☒

- f. Personal care services prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided with ☐ No limitations
☒ Limitations*
Not provided ☐

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided ☐ Not provided ☒

* Description provided on attached sheet.

TN No. 02-001

Approval Date _____

Effective Date January 1, 2002

Supersedes TN No. 94-014

Description of Service Limitations

14. **INSTITUTIONS FOR MENTAL DISEASES FOR AGE 65 OR OLDER:** Services in institutions for mental diseases for individuals age 65 or over are provided if placement is prior authorized by the Division of Mental Health or the Professional Review Organization on contract with the Division.
15. **INTERMEDIATE CARE FACILITY SERVICES:** Placement in a nursing facility offering an intermediate level of nursing care or in an ICF/MR require prior authorization by the Division of Medical Assistance.
16. **INPATIENT PSYCHIATRIC FACILITY SERVICES:**
- (1) Inpatient psychiatric facility services for individuals under 21 are provided if placement is prior authorized by the Division of Mental Health or PRO or the state's designee.
 - (2) Rehabilitative services, including appropriate therapies, are provided for severely emotionally disturbed children in any non-profit residential facility that is JCAHO-accredited.
20. **EXTENDED SERVICES TO PREGNANT WOMEN:** All state plan services are provided for pregnant women through 60 days after pregnancy ends. Nutrition services are provided by registered dietitians to high-risk pregnant women. Prior authorization is required in most cases, and visits are limited to seven per pregnancy.
24. **OTHER MEDICAL CARE:**
- a. Transportation: Non-emergency medical transportation must be authorized in advance by the medical review section of the Division of Medical Assistance or its fiscal agent. Non-emergency transportation must occur on weekdays during normal working hours. Emergency medical transportation is covered to the nearest facility offering emergency medical care. The services of an emergency air ambulance or an accompanying escort must be authorized no later than the first working day following the travel. Ground ambulance service is approved only for a one-way trip at a time.
 - d. Nursing Facility Services for Children: Nursing facility placement for patients under age 21 requires prior authorization by the Division of Medical Assistance.
 - f. Personal Care Services: Covered services are limited to non-technical, medically oriented tasks that have been prescribed by a physician, included in a treatment plan completed by a personal care agency registered nurse, and approved by the personal care agency supervision nurse or the Division of Medical Assistance. Services must be provided by a qualified personal care attendant who is either employed by a personal care agency or enrolled with the Division of Medical Assistance. Coverage is limited to one assessment and treatment plan in a 12-month period. Visits by a registered nurse for review of the recipient's treatment and treatment plan are limited to not more than one every 60 days unless authorized by the division.